## **ATTENDINGS**

Federico Seifarth, MD - Chief Kristine Thayer, MD Patrick Bonasso, MD Joseph Drews, MD Leah Wehrli, MD

## MIDLEVELS

Susan Neptune, NP Alycia Perrine, PA Kristen Wigal, NP

## USEFUL PHONE #S

Alycia Perrine	132129
9	138531
NICU	138525
PICU	138520
OR Front Desk	138510
OR Charge RN 66	818679200
OR Charge Anesthesia	
ED	138507
House Supervisor	045548522
Neurosurgery resident	
Ortho resident	

# **CONFERENCES**

- Monday mornings at 8 am in HSC 7th floor conference room.
- Wednesday 7 am M&M, Grand Rounds, etc. with general surgery faculty (can roll pager over to Alycia's pager #2802 during this time for coverage)

TIPS FOR SERVICE

- Helpful note templates:
  - TES H&P
  - TES Tertiary
  - Surgery Consult Initial
  - .AMPDAILYPEDSURGPROGRESSNOTE (used for all subsequent consult notes as well as progress notes for patients we are Primary care for)
- When discharging patients, be sure to include:
  - Orders for new medications or refills of old meds if appropriate
  - Activity Restrictions
  - Diet restrictions
  - School/Work Excuse
  - Follow up appointment order



### MONDAY

Conference at 8 am Dr. Seifarth Clinic

#### TUESDAY

OR day Dr. Thayer Clinic

#### WEDNESDAY

No scheduled OR or Clinics

### THURSDAY

OR day Dr. Bonasso Clinic Trauma Clinic (AM)

### FRIDAY

OR day

#### Saturday/Sunday

Trauma Conference signout at 8 am in Trauma Administration Suite on 4<sup>th</sup> floor of Ruby

- · Helpful order sets:
  - PEDS SURGERY: ADMIT: IP
  - PEDS SURGERY TRAUMA ADMIT
  - ED TRAUMA: PEDS P2 ORDERS PART B
  - ED TRAUMA: XR ORDERS RUE,LUE,RLE,LLE (used for extremity film orders)
  - RUBY: PEDS SURGERY: DISCHARGE ORDERSET
- Alycia Perrine, PA will sit down with you within the first couple of days to help you get familiar with the service
- Our algorithms and protocols are on google drive.
- When discharging a pediatric patient use the Ped Surg discharge order set.. Specify the attending and that will get the patient into pediatric clinic.
- Do not order IV narcotic medications for a pediatric patients unless discussed with chief resident or staff.
- Be careful with pediatric dosing of medications. There are some auto populated dosages in the EMR, but if you're ever unsure ask a chief or pharmacy.
- TPN needs to be ordered or renewed by 1400 each day, call dietary, pharmacy or go through EPIC to renew TPN.
- Make sure the OR patients have an H&P update (if original was written within 30 days) or a new H&P (if >30 days since original H&P)



- **ROUNDING** • Floor rounding tips
  - Rounds typically start a little later (around 8:30 AM, ORs permitting) because waking a sleeping pediatric patient or tired parents doesn'tusually go over well.
- NICU rounding tips
  - You MUST wash your hands with soap and water before entering each separate NICU pod
  - Remove jackets, roll-up sleeves and remove all jewelry, watches, etc.
  - You must use hand sanitizer between all patients (everywhere, but especially NICU)
  - Same considerations apply to recently consoled or swaddled NICU babies, do not disturb (the NICU nurses will be very unhappy) UNLESS there is an acute, life-threatening pediatric surgery problem that needsto be addressed.
- PICU rounding tips
  - Try to have face to face communication with PICU team regarding plans to limit communication problems and resolve any differences in management.



### CONSULTS

- Per protocol, we must see all patients where there is a concern for NAT (non-accidental trauma) regardless of whether a work-up has already been completed or not. These patients should receive the following:
  - Complete skeletal survey
  - o Labs (CBC, BMP, LFTs, amylase, lipase, PT/INR, PTT)
  - Ophthalmology consult.